

HOME TELEPHONE NO. _____

FEE: \$20.00

WEST VIRGINIA RACING COMMISSION



Pease mail completed form to appropriate track:

Hollywood Casino @ Charles Town Races

Mailing: P. O. Box 551 Charles Town WV 25414 Phone: 304.724.4312
Physical 580 East 5th Street Ranson WV 25438 Fax:: 304.725.4021
donna.w.kercheval@wv.gov

Mountaineer Casino, Racetrack, and Resort

Mailing P. O. Box 358 Chester WV 26034 Phone: 304.387.8525
Physical State Route 2 Chester WVC 26034 Fax 304.387.2226

AUTHORIZED AGENT

To West Virginia Racing Commission:

I have this day appointed

Name

Street City State Zip

to act as AGENT for me for the year 20____, in all matters pertaining to the racing of my horses under the Rules of Racing, as adopted by the West Virginia Racing Commission. Permission is hereby granted to claim horses. All partners must sign this form.

Claiming

Owner Owner

Owner Owner

I further constitute, appoint and empower the aforesaid Agent to act as my true and lawful attorney for me and in my name, place and stead to endorse checks made payable to me from the association racing under the jurisdiction of the West Virginia Racing Commission for the payment of moneys due me from stakes of purses earned by me; and to direct the transfer of any funds standing to my credit with the racing associations under the jurisdiction of the West Virginia Racing Commission.

Money

Owner Owner

Owner Owner

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public

* MUST BE NOTARIZED *

License No. _____
Social Security No. _____
Telephone No. _____

Application for **LICENSE AS AUTHORIZED AGENT**

This application must be accompanied by authorized for to the West Virginia Racing Commission.

I hereby make application for a license as an AUTHORIZED AGENT for the year 20 ____, pledging myself to observe and obey the Rules and Regulations of the West Virginia Racing Commission.

Name: _____ DOB: _____

Permanent Address _____

Where have you most recently been licensed ? _____

Have you ever been ruled off ? When and Where ? _____

Have you ever been suspended, ejected or fined more than \$25.00 ? If so, give details _____

Has an indictment or information been returned or complaint been made against you by the United States or any State charging purchase, sale, or use or possession of narcotics ? _____

State when and where, if matter disposed of and how _____

Have you ever been tested for drugs ? If so, give details _____

Have you ever been arrested or charged with a crime (except traffic violation) ? _____

If so describe _____

I hereby certify that I have read the foregoing application and affirm that every statement contained herein is true and correctly set forth, and I do hereby assert and agree, as condition precedent to the receiving of said license, that the barns and living rooms used be me may be searched for the possession of narcotics, without a search warrant at all times, either in my presence or absence, by the West Virginia Racing Commission, or the officials at any track acting under the jurisdiction and I hereby waive any and all rights which I now or may hereafter, have to object to any such search against the West Virginia Racing Commission, and/or members thereof, the Racing Association on whose premises the search is made, and/or the officials at any track making such search.

Sworn to me before this _____ day of _____ 20 ____

Signature of Applicant

(RULE 508: WV RULES OF RACING)

We the undersigned, hereby declare and establish a partnership, connected with, and limited, the following horses, effective _____

Relative proportions of interest as indicated

HORSE	INTEREST OF	PERCENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

The earnings of the above horse(s) should be payable to:

The above horse(s) shall race in the name of:

The power of entry and declaration rests with:

Contingency, lease, or other arrangements in connection with horse(s) is as follows:

Sign _____ Sign _____

State of West Virginia County of Jefferson

Subscribed and sworn to before this _____ day of _____, 20 ____

My commission expires _____

Notary Public